1110 W. Washington • Suite 240 • Phoenix, Arizona 85007 • (602) 364-4930 • FAX: (602) 364-4931 • www.azbtr.gov

The Board requests that you complete, for the records of the Board, information on the applicant shown. To assist you in making your determination and recommendation on the applicant's qualifications, this office has secured from the applicant, and maintains in his/her file, the following Authorization and Release, properly signed:

AUTHORIZATION AND RELEASE

"I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

We request that you complete and return the enclosed form promptly so that the Board may act upon the application of this candidate. Thank you for your cooperation.

Sincerely,

LaVern Douglas
Deputy Director